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Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000066043

1. Corporation Name
Office and clinic of Dentists INC.

Principal Place of Business / Mailing Address
20284 Old Cutler Rd
miami Florida 33189

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 20284 Old Cutler Rd	26 SAME	July 30-97	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0772412	Applied For / Not Applicable
City & State 23 miami	City & State 28 FLA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 33189 Country 25 DADE County	Zip 29 33189 Country 30 U.S.A	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name ESTRELLA SCHOMAN
	82 Street Address (P.O. Box Number is Not Acceptable) 11802 SW 173 terr
	83
	84 City miami FL 85 Zip Code 33189

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Estrella Schoman 3-24-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	DR. SERAFIN SANCHEZ ☐ Change ☒ Addition
NAME	ESTRELLA SCHOMAN	1.2 NAME	
STREET ADDRESS	10260 SW 56 St Suite D203	1.3 STREET ADDRESS	20284 Old Cutler D.D.S
CITY-ST-ZIP	miami FLA 33165	1.4 CITY-ST-ZIP	miami FLA 33189 RA
TITLE	Vice President ☒ DELETE	2.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	Guillermo de ARA	2.2 NAME	ESTRELLA SCHOMAN
STREET ADDRESS	10250 SW 56 St Suite D203	2.3 STREET ADDRESS	20284 Old Cutler Rd
CITY-ST-ZIP	miami FLA 33165	2.4 CITY-ST-ZIP	miami FLA 33189 ☐ Change ☐ Addition
TITLE	☐ DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	600002482191
STREET ADDRESS		6.3 STREET ADDRESS	-04/08/98--01015--019
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

4/7

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2nd VP 3-24-98 (305) 259-9606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)